Under the Paperwork Reduction Act of 1995, no persons RANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission		Filing Date First Named Inventor Art Unit Examiner Name	June 5, 2 Michael 3771 Christop	lection of information unless it displays a valid OMB control number 10/581,867 June 5, 2006 Michael Horstmann 3771 Christopher James Blizzard RO4244US (#90568)	
Amendment African Afri	fidavits/declaration(s) of Time Request Abandonment Request on Disclosure Statement Copy of Priority	ENCLOSURES (Check X	ce Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): return postcard receipt	
Firm Name	SIGNA	TURE OF APPLICANT, AT	TORNEY, O	RAGENT	
Signature Printed name	D. Peter Hochberg C	o., L.P.A.			
Date	D. Peter Hochberg	1,2009	Reg. No.	24,603	
I hereby certify the sufficient postage the date shown be Signature	nat this correspondence is be as first class mail in an endelow:	ERTIFICATE OF TRANSMoveing facsimile transmitted to the Univelope addressed to: Commission	SPTO or depos	LING ited with the United States Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 on	

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Sean Mellino

Typed or printed name

Date

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OME control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/581,867 **Application Number** FEE TRANSMITTAL JUL 2 0 2009 June 5, 2006 Filing Date For FY 2009 Michael Horstman First Named Inventor Christopher James Brazar **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 3771 **Art Unit** 0.00 RO4244US (#90568) TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order X None Other (please identify): Check X Deposit Account Deposit Account Number:____ 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 0.00 220 330 165 540 110 Utility 270 140 220 100 110 50 70 Design 220 110 330 165 170 85 Plant 650 325 Reissue 330 165 540 270 0 220 0 **Provisional** 110 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 26 52 Each claim over 20 (including Reissues) 110 Each independent claim over 3 (including Reissues) 220 390 195 Multiple dependent claims **Multiple Dependent Claims** Total Claims 30** Fee Paid (\$) Extra Claims Fee (\$) 0.00 Fee Paid (\$) - \times $\frac{1}{2}$ $\frac{1}{2$ Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claimst** Fee Paid (\$) **Extra Claims** Fee (\$) 0.00-x3x0xHP =X HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof Fee (\$) **Extra Sheets Total Sheets** 0.00 (round up to a whole number) x 270.00 / 50 = - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): **SUBMITTED BY** Registration No. Telephone 216-771-3800 24,603 Signature (Attorney/Agent) Drohn 14, 2009 Date Name (Print/Type) D. Peter Hochberg

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